

SOLIDARITY
ACCOUNTABILITY
TRANSPARENCY
EQUITY



The Pandemic Convention We Need Now

A Call to Action

April 2022



<https://gphcpanel.org>

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Executive Summary

For more than two years, we've endured a pandemic that could have been prevented. Had the right systems been in place, the world could have entered 2022 looking back at SARS-CoV-2 as a contained outbreak, instead of straining to manage hundreds of millions of new infections.

The emergence of a novel, deadly pathogen was inevitable. The slow, unequal and uncoordinated response, the consequent global spread of the virus and resulting loss of millions of lives and trillions of dollars, could have been prevented. Values of fairness and equity were all but forgotten within and among nations.

This cannot and does not have to happen again. This pandemic has shown the necessity of a new international architecture that incentivizes effective preparedness and response, secures mutual assurance, includes financial incentives to support low- and middle-income countries, disincentives for non-adherence and brings cohesion to a system in disarray.

Through adherence to a new Pandemic Convention, the world has the chance to stop an outbreak from becoming a pandemic. Should a new threat spread beyond borders, a Convention can ensure our collective response is equitable, and protects lives and livelihoods everywhere.

Here, our Panel offers solutions, with a particular focus on accountability.

First, we believe in four non-negotiable principles: solidarity, transparency, accountability, and equity. It is essential that all countries, regardless of income level or perceived power, share equal decision-making, and access equitable opportunities for preparedness, alert, and response.

Next are essential areas a Framework Convention must address. The system requires cohesive governance that includes an independent monitoring, verification and assessment body. There must be incentives and not punishment for real-time, transparent reporting of new health threats. Countries also must have an obligation to implement public health measures that stop spread, internally and internationally. They must also share information, sequences and samples rapidly and systematically, and all must benefit from the subsequent research and development.

Substantial, predictable, and sustainable finance is essential, for preparedness, response and to fund the global health architecture. WHO must have the financing to be more independent.

Finally, a Convention without accountability will have little or no impact. **Our Panel is the first to offer practical ideas for accountability at every stage, balancing a positively incentivized system and disincentive measures for noncompliance when required.**

While we appreciate the complexity of negotiating a Convention, we also urge haste. With current systems, we are little better prepared now to face a new pandemic threat than we were two years ago.

Countries must now focus and turn this historic opportunity into a Convention with finance and accountability. Evidence-based lessons from the COVID-19 pandemic can guide the way. So too must the memories of the millions of people who have died due to a pandemic that did not have to happen.

The Pandemic Convention We Need

A Pandemic Convention is essential to shape the world we want. It's dangerously overdue, and it is now urgent that Member States focus on a new legally binding agreement that provides mutual assurance, and assistance, in a system that keeps everyone, in every income bracket, in every country, much safer from pandemic threats.

Other groups of global experts take the same view.

The Independent Panel for Pandemic Preparedness and Response (IPPPR) recommended that Member States “adopt a Pandemic Framework Convention.”⁽¹⁾ The Global Preparedness Monitoring Board (GPMB) underscores that one key solution to a safer world is that “WHO Member States should adopt an international agreement on health emergency preparedness and response.”⁽²⁾ The Pan-European Commission on Health and Sustainable Development equally called for Member States to “develop a Pandemic Treaty that is truly global,” that “enables compliance.”⁽³⁾

These voices join many others who have equally called for a Pandemic Convention, some for years, including leading health policy experts.⁽⁴⁾

We are heartened that a process has begun. Now, urgent progress is required to negotiate a Convention that will stop a future outbreak from becoming a pandemic.

Our Panel understands the complexity of these negotiations. Member States must consider and ensure complementarity of existing regulations, related instruments, and trade and regulatory regimes.

Where there is consensus, we ask that Member States work rapidly to amend the International Health Regulations and strengthen them. Areas requiring negotiation must be addressed in a Convention.

A successful Pandemic Convention can arise only with meaningful, formal consultation with Member States, experts, relevant organizations, regional bodies and with civil society. We also see merit in a Framework Convention that makes it possible to cover the essentials now, with options for more detailed protocols in due course.

The focus must remain on one outcome: that global organizations, regions and countries have and abide by the binding international legal tools required to work together, be held accountable for results, and ensure a health threat never again becomes a devastating pandemic.



In a landmark moment on 1 December 2021, at a rare Special Session of the World Health Assembly, diplomats rose in unison to applaud the decision to start a global process to draft and negotiate a new pandemic accord.

The WHO Director-General hailed this 'once-in-a-generation' opportunity.

This decision is now being implemented by an Intergovernmental Negotiating Body (INB) with a two-year mandate to deliver an accord for consideration by the World Health Assembly in May 2024.⁽⁵⁾

Non-Negotiable Principles

The rights and obligations of all actors must be anchored to a principled code of behaviour, which is currently lacking.

These are the principles of **solidarity, transparency, accountability, and equity**. Given the now demonstrated, grave consequences of non-adherence, **we believe these principles are non-negotiable**.



SOLIDARITY is unity based on common interests, objectives, and standards. Pathogens seek people to infect whatever their nationality or economic status. Solidarity is in every nation's self-interest. Conversely, by preventing cooperation, nationalism allows new pathogens to thrive, mutate, and continue to circulate – locking every country into the economic, social and health harms of an ongoing pandemic.



TRANSPARENCY: Rapid, real-time detection and alert of a new pathogen is a critical moment that determines whether a threat may be contained, or whether it spreads nationally and internationally. For COVID-19, this did not happen.⁽⁶⁾ Delayed reporting, lack of sharing and cover-ups erode trust and the very foundations of international agreements.⁽⁷⁾

Transparency is essential for rapid action, and to promote trust within and between States, international organizations and other actors. Transparency must guide every actor at every step in the process, from readiness, to detection and alert, to short-term and ongoing response. It is essential going forward that governments, scientists, institutions, the private sector, civil society, and others rapidly and openly share all scientific information, including pathogen samples and genomic sequencing data. **Incentives for transparent reporting and sharing are essential.**

The first priority is for equitable funding for every country to reach the requirements to detect, report and contain outbreaks.



EQUITY: inclusivity and fairness recognizes the inherent right of every country, of every income level, of every population, to participate in the system on a fair and equal basis; to access the same levels of preparedness, ability to detect and alert, and to respond to a health threat. Failures in equity to both prepare for and respond to this pandemic have led directly to severe illness, deaths, terrible stresses on health and financial systems and society, and a two-tiered recovery, most affecting the disproportionately vulnerable.

There are two main areas to remedy. The first is to prioritise equitable funding for every country to reach the requirements to detect, report and contain outbreaks. The second is equitable access to outbreak and pandemic tools such as personal protective equipment, tests, treatments and vaccines.



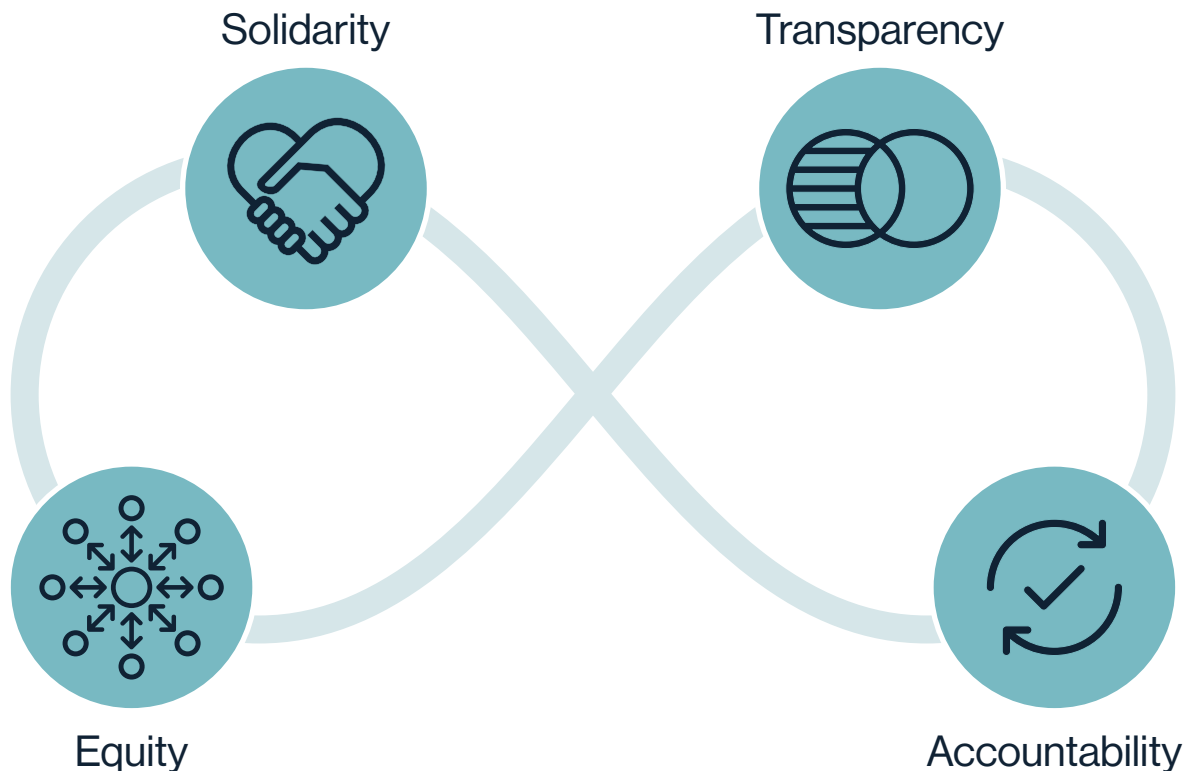
ACCOUNTABILITY: is missing in existing norms and regulations. There were no consequences for gaps in preparedness and response. Travel restrictions, advised against under the IHR, were implemented without consistent explanation as required, including for example, when South Africa transparently reported the new Omicron variant. The scramble for pandemic supplies including vaccines was relentless.

Agreements are therefore required on who is required to take what action and when across a range of key moments. These include accountability for preparation; for transparent and real-time rapid reporting of health threats; acting according to evidence-based public health measures to prevent outbreaks from becoming pandemics; for sharing of information, sequences, specimens and samples; for equitable distribution of pandemic goods; and for financing the system.

Hand-in-hand with accountability goes compliance. This is described more fully in pages 18–22. **To ensure mutual assurance, all actors must play their roles and be prepared to be accountable.**

Non-Negotiable Principles

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Solidarity: is unity based on common interests, objectives, and standards.

Transparency: is essential for rapid action, and to promote trust within and between States, international organizations and other actors.

Equity: inclusivity and fairness recognizes the inherent right of every country, of every income level, of every population, to participate in the system on a fair and equal basis; to access the same levels of preparedness, ability to detect and alert, and to respond to a health threat.

Accountability: Agreements are therefore required on who is required to take what action and when across a range of key moments. Hand-in-hand with accountability goes compliance. To ensure mutual assurance, all actors must play their roles and be prepared to be accountable.

Current Gaps and Essential Solutions

The world's ability to detect and respond to outbreaks is as strong as its weakest link, and any gap, in any country, is a risk to all countries. Gaps have been identified in previous emergencies, including the Ebola crisis in 2014–2015, and remained largely unaddressed.⁽⁸⁾ Many reviews of the global COVID-19 response have again identified specific and alarming gaps and deficits along the entire continuum of pandemic preparedness and response. A Convention must systematically address and solve these problems.

Here, we briefly outline some of the gaps, and propose the essential solutions a pandemic convention must address.

Governance and independent monitoring

Gaps:

There are no governance mechanisms with the authority and capacity to provide global leadership to manage pandemic threats, or to provide the independent oversight and accountability required to motivate a system based on mutual assurance.

Solutions:

Governance: The overall responsibility for the implementation of the Convention lies with the Heads of State and Government who should form the Conference of Parties. This body should provide oversight of the functioning of the Convention and its protocols. It will also coordinate closely with the norm-setting and technical assistance provided by WHO. Given the imperative for accountability, the governance structure must coordinate closely with any eventual financial resource allocation body, and with bodies that may be charged to create or have influence on an equitable end-to-end research and development platform.

Independent monitoring, verification and assessment: Whatever the eventual form of that governance, **our Panel believes an independent monitoring, verification and assessment body at arm's length or separate from WHO is crucial to success of the international system for pandemic preparedness and response.** The WHO Secretariat must be able to continue to play a supportive role to Member States and cannot be both supporter and monitor. Given the inevitability of politics, Member States cannot simply monitor themselves or each other.

Finance

Gaps:

There is too little and inequitable financing for preparedness and response. For COVID-19, preparedness plans were inadequately funded in almost all countries.⁽⁹⁾ **The COVID-19 response funding was slow, wholly insufficient.**⁽¹⁰⁾

Solutions:

Financing for pandemic preparedness and response should be predictable and sustainable, and draw from a multilateral facility into which all countries contribute based on an agreed 'ability to pay' formula, and are allocated based on needs. A Convention should enshrine this as the accepted approach, and any new funding facility should quickly strive to achieve this as a goal.

Paramount is that sufficient funds are available for preparedness to ensure every country in every income level meets the requirements to detect, report and contain health threats.

Surge funds are immediately required for response, including to the country reporting the threat.

Sustainable funds are needed to support the pandemic preparedness and response global health governance structures.

Our Panel concurs with other Panels, such as the G20 High-Level Independent Panel, that a minimum of \$15 billion annually must be made available.⁽¹¹⁾ This represents a tiny fraction of the trillions that COVID-19 is predicted to cost globally.

Rapid and consistent public health measures

Gaps:

When the IHR Emergency Committee met on 30 January 2020 and advised the WHO Director-General to declare a Public Health Emergency of International Concern, it reported that it was “still possible to interrupt virus spread,” provided that countries put in place strong public health measures.⁽¹²⁾ Instead, **too many countries took a ‘wait and see’ approach**, leading to the ‘lost month’ of February 2020 in the global response.⁽¹³⁾

As responses continued into 2021 and 2022, public health measures were implemented in an ad hoc manner in many countries, and within some countries (particularly those with a federal system) measures have not been uniform, and the degree of implementation subject to politics and social divisions.⁽¹⁴⁾

Solutions:

A recognition that **countries have an obligation to implement public health measures as guided by WHO, both to contain the spread of the pathogen, and to protect their populations**. Measures that are implemented should be reported to WHO, to track and learn from measures taken worldwide; to help inform WHO’s technical guidance; and to identify countries that either require technical assistance, or recrimination for taking insufficient measures. Countries with federated systems will need to ensure internal data systems are equipped to collate and report comprehensive national data.



Erik McGregor/LightRocket via Getty Images

Sharing for the benefit of all

Gaps:

Clarity concerning the speed and type of epidemiological and genomic information shared and the rules governing pathogen sharing are all at issue. At the critical initial alert phase of SARS-CoV-2, information sharing was not only too slow, it was also incomplete.⁽¹⁵⁾

The benefits of reliable and fair sharing are clear. Genetic sequencing data for SARS-CoV-2 was initially shared rapidly through a public data-bank, enabling the creation of diagnostic tests that could be replicated in labs around the world within days. Subsequently, sharing of sequences and samples has enabled the development of vaccines, therapeutics and the tracking of the virus and its mutations around the world. **Unfortunately, the benefits have not been shared equally.**

Solutions:

The Convention should provide a clear framework of how, when and what epidemiological and genomic information, sequences and samples should be shared, and how their benefits can be shared globally and equitably.

Our Panel joins with the many who believe pandemic tools are global public goods and must be financed, produced and distributed as such.

The current systems remain piecemeal and wholly inadequate, have resulted in preventable illness and death and have prolonged this pandemic.

WHO's independence and authority

Gaps:

Analyses of WHO's ability to respond to the early alert and ongoing response to this pandemic describe the gaps in authority and sustainable, predictable funding.⁽¹⁶⁾ WHO is hampered in ability to assess information from other sources and share it immediately if deemed in the interest of alerting to and containing an outbreak.

The WHO's precarious financing, relying today for more than 80% of its funding on earmarked voluntary, rather than flexible core contributions, fails to support the demands placed on it by its own Member States.

Solutions:

A Convention should confirm that an independent, authoritative WHO is critical to pandemic preparedness and response. Our Panel supports the numerous calls for unearmarked, assessed contributions to cover two-thirds of WHO's base budget.

Preventing virus spillovers at their source

Gaps:

Multiple analyses have concluded there are major gaps in efforts to reduce the risks of zoonotic spillovers, through a One Health approach.⁽¹⁷⁾ The movement to address emerging challenges at the intersection of environmental, animal and human health is growing. However there remains insufficient investment, little oversight, and a lack of coordination within countries.

Solutions:

More research and information are urgently required to bring clear, implementable solutions to address health threats at their origins, and enable the development of a **One Health global strategy**. As more evidence is gathered, One Health could be included in a specific protocol to a Framework Convention.



Accountability and Compliance: Mutual Assurance for a More Secure World

Our Panel believes that given the enormous, worldwide, multiple damages caused by the COVID-19 pandemic, all nations have an interest to participate equally in a global system aimed at containing new outbreaks, and ensuring all countries have the tools they need to minimize health, social and economic damages should an outbreak spread.

We acknowledge the importance of state sovereignty and that governments know their own populations. However, we believe that when faced with an existential threat such as a pathogen with pandemic potential, there is a national interest in a shared sovereignty. Accountability ensures trust in a system of mutual assurance for a more secure world.

We believe in a positively incentivized system, whereby compliance to a Pandemic Framework Convention is rewarded, and where there are disincentives for non-compliance. Given the stakes involved, there must be clear lines of accountability at every stage in the process from preparedness through to alert and response.

It bears repeating that **an independent monitoring, verification and assessment body** must have a clear role to regularly report on progress and gaps, as well as more immediate assessment of countries that are non-compliant.

When faced with an existential threat such as a pathogen with pandemic potential, there is a national interest in a shared sovereignty.

Adherence to the principle of transparency is the bedrock of accountability. It promotes trust, empowers the media and civil society, and should be rewarded.

Countries could expect the right to assistance at any point in the process. Lower and middle-income countries in particular must be able to count on financial and technical support to meet targets, and may set realistic, but still ambitious nationally defined goals.

Here, our Panel offers further concrete suggestions at each stage of pandemic preparedness and response.

Preparedness

Key are **agreed targets and indicators** for preparedness to be set by WHO. These can be adapted from existing indicators, taking into account the lessons from COVID-19. Amongst these are the need to prescribe a whole-of-government, head of state-led approach; maintain a surveillance and alert system of an agreed standard; link surveillance to primary care and wider health systems.

The timetable to meet preparedness targets might be nationally determined by **countries in different income brackets** considering a country's current capacities and financing for preparedness. This option may be similar to that developed under the Paris Agreement on climate change. WHO could provide technical assistance to plan a clear pathway to preparedness. The independent monitoring and assessment body will be responsible for reviewing progress against targets.

Countries requiring finance for preparedness should be able to access this through a finance facility, that operates on an inclusive, 'ability-to-pay' formula, and prioritises low and lower middle-income countries for support.

Detection and alert

This is the crux point of the system. Success in rapid, transparent reporting and action here can make the difference between containing the threat, or cross-border and cross-continental spread.

All actors should consider **achievement and monitoring of real-time surveillance systems as a priority**, and upgrade related capacities in the shortest timeframe possible.

In this digital age, individuals or institutions closer to the ground may be able to report health threats faster than the national capital. Given the access and speed of information dissemination, governments must accept that information will be shared rapidly; and that individuals or lower-level institutions acting in the wider interest of the public **should be rewarded, and not punished for reporting.** Evidence of covering up health threats, including by punitive measures against citizen reporting, would be considered a serious breach of norms.

Should a country fail to provide required information in a defined period, it would need to admit an independent, international investigative team immediately, waiving visa requirements.

Reporting of health threats that have the potential to spread across borders should be **publicly praised** by global and regional organizations, and by Member States in official statements.

When a health threat is notified, **countries would have an automatic and immediate right to:** prioritization of tools and countermeasures to contain the outbreak; **technical assistance from WHO; and financial assistance for low- and middle-income countries to contain the threat.**

Countries should not be punished financially for early reporting.

Countries should be prepared to take immediate internal measures to contain the outbreak, including testing, contact tracing, isolation, and travel measures, and should be publicly acknowledged for those efforts.

Immediate and ongoing response

WHO would be authorized to take a rapid, pragmatic public-health focused approach to all advice, based on the precautionary principle particularly when faced with a high impact respiratory pathogen or a new pathogen with unknown routes of transmission.

Transparency would underpin all guidance given and any assessments made, including those of WHO and expert committees.

Countries would follow WHO guidance and implement recommended public health measures to contain spread nationally and internationally. Actions taken would be transparently reported to WHO.

In the event that international travel and trade measures are necessary to contain or slow spread in the initial country reporting, funding could also be made available to cover an agreed proportion of the losses to low- and middle-income countries.

Incentives and compliance

As noted earlier, we believe in a positively incentivized system, whereby compliance to a Pandemic Framework Convention is rewarded.

There are both moral and self-interest reasons why countries may be prepared to comply with rules and requirements. The moral case is based on the principle of solidarity accepting that we are all dependent on the actions of each other to be safe.

Self-interest though is key. Each country needs the assurance that all others will accept the same guidance especially when their own country has to take difficult decisions.

The monitoring and assessment body we have described must be public in its findings, and able to praise good behaviour as well as criticize countries that do not comply with requirements.

The reputational risk to a country for not complying is significant. Public disclosure can be a positive incentive to comply.

It is difficult to identify sanctions or other penalties for noncompliance which would not affect the people of the country concerned. **One suggestion worth exploring is the use of Article IV of the IMF Constitution.** Under this Article countries are assessed for their financial stability. Recently climate change effects and country action have been considered for possible inclusion in the assessment. Given how deeply a pandemic can affect a country's financial stability the assessments might include a country's preparedness and ability for response based on the evaluation by the independent monitoring and assessment body. The financial stability assessments do have impact on the country's reputation not least in its credit ratings.

We believe that treaties or conventions without accountability mechanisms are unlikely to deliver, that incentives are the most effective compliance enhancing mechanisms, but that there need to be disincentives.

Conclusion

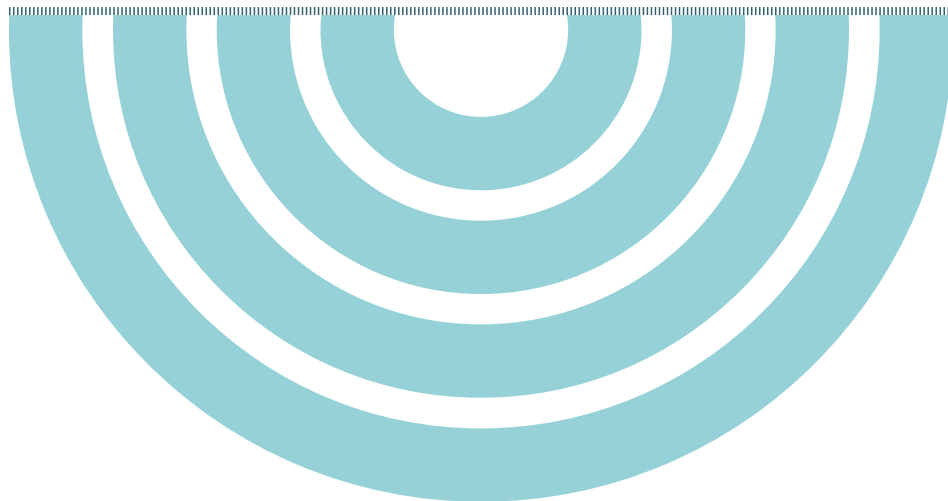
We appreciate that the Intergovernmental Negotiating Body (INB) is working at a particularly challenging period in modern history.

The very foundations of the current order rest on successful international agreements, including the Constitution of the World Health Organization and the United Nations Charter.

These were born of necessity and critically, a belief that we have the ability to collaborate to ensure all people, everywhere, can enjoy safety and wellbeing.⁽¹⁸⁾

Now, we must all grasp this historic opportunity. Honour the millions of people who have died as a result of the COVID-19 pandemic.

Protect future generations from a similar, preventable disaster.



About the Panel

The Panel for a Global Public Health Convention is an independent coalition of global leaders committed to strengthening the world's ability to prevent, prepare, and respond to infectious disease outbreaks before they become widespread pandemics.

We were founded in 2020 in response to the emergence of the COVID-19 pandemic, but the idea of global public health governance is not new. The current global crisis lends urgency and legitimacy to the critical need for a global mechanism to prevent, prepare for and respond to new infectious disease outbreaks before they become pandemics.

We aim to bridge critical gaps in the global public health architecture and policy framework to ensure cooperation, transparency and compliance that enables the world to prevent pandemics. We advocate for a treaty to be adopted at the highest levels of government: by heads of state. The world needs a renewed sense of hope and trust led by heads of state who will establish a treaty; a treaty that ensures timely cooperation, transparency, accountability, and compliance with agreed upon rules among countries to effectively prepare, prevent, and respond to public health outbreaks wherever they may occur.

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- (6) While local practitioners and laboratory workers locally provided rapid internal alerts, WHO was not alerted proactively. Instead, it received its first notices through external queries including from media. Four days passed before WHO received official information. Subsequently, 17 more days passed before human-to-human transmission was officially confirmed, and widespread travel restrictions were imposed within the origin country. (Reference: Singh et al. How an outbreak became a pandemic. *Lancet*.)
- (7) Capacity and willingness to share surveillance information remains a major issue. The most recent Global Health Security index (2021) reports that only three countries score in the top tier in the category of early detection and reporting of epidemics of potential international concern, and only one third of countries have made a public commitment to share surveillance data. (Reference: Global Health Security Index 2021, see “Prevention: Detection and Reporting.” Available here: <https://www.ghsindex.org/report-model/>)
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- (9) The Global Health Security Index report in 2019 for example found that “Most countries have not allocated funding from national budgets to fill identified preparedness gaps.” Available here: <https://www.ghsindex.org/wp-content/uploads/2019/10/2019-Global-Health-Security-Index.pdf>
- (10) The IPPPR found that one month after declaring COVID-19 a PHEIC, the WHO’s emergency fund and the UN Central Emergency Response Fund – had allocated a total of just \$23.9 million for COVID-19. Three months later, the UN’s \$6.71 billion Global Humanitarian Response Plan was just 5% financed. The World Bank’s Pandemic Emergency Fund Cash Window had been emptied in 2019, and its 2nd window for pandemic insurance did not trigger for three months. By the time the full \$196 million insurance payout was released in late-April 2020, it had to be shared among 64 countries, 59 of which were already managing COVID-19 outbreaks. The Independent Panel goes on to report that “Six months on from the WHO’s PHEIC declaration, more than \$70 billion had been committed to low- and middle-income countries by multilateral agencies, and \$50 billion had been disbursed from these agencies to their partners. However, more than 90% of this finance was debt, meaning richer middle-income countries with greater borrowing capacity tended to receive more finance from multilateral agencies than poorer countries.” (Reference: IPPPR background paper 14. Financing Pandemic Preparedness and Response. May 2021. Available here: <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-Paper-14-Financing-Pandemic-Preparedness-and-Response.pdf>)
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